



A CME/Chicago Board of Trade Company

**C21 ® BROKER TRADE STATUS SYSTEM ACCESS REQUEST FORM**

Date: \_\_\_\_\_

Submit completed form to the Clearing House Department 550 W. Washington 6<sup>th</sup> Floor or  
Fax to 312-930-3187

REQUEST TYPE (Please check one): 1. ADD \_\_\_\_ (new access) 2. DELETE \_\_\_\_ (termination)  
3. RESUME \_\_\_\_ (forgotten/lost/ revoked password) 4. ADDITIONAL RESOURCE(S) \_\_\_\_

CURRENT USER-ID: \_\_\_\_\_ (If request type is ADDITIONAL RESOURCE(S), DELETE, or RESUME)

Please check one: MEMBER (  ) CLERK (  )

User Name (please print): \_\_\_\_\_  
(First) (M. I.) (Last)

Contact Phone #: \_\_\_\_\_

Please grant the above User access to trade data for: \_\_\_\_\_ (Member's Symbol)

Member's Signature: \_\_\_\_\_

If additional access is needed for a clerk, please provide member's symbol, name, and signature:

Member's Symbol: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Member's Symbol: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Member's Symbol: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Member's Symbol: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Member's Symbol: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

1. If user access has been revoked, please submit this completed form to the Clearing House Department to be RESUMED.

2. When a clerk is **terminated**, the member should notify the CME Clearing House Department at 312-930-3170, or by submitting this completed form. Clearing will promptly delete the access of that user.

**\*Please allow 24 hours to complete processing for new users.**

FOR CME USE ONLY

RACF: \_\_\_\_\_ (U) \_\_\_\_\_ (P)

COMPLETED DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_